Committee for Political Action (PAC) Registration Form

JUN 0.6 2005
State of Nevada
SECRETARY OF STATE

Print or type the following information; complete both sides of this registration form: REGISTRATION: (check one) New registration ___ Amended registration (if amended list reason) **REASON FOR AMENDMENT:** Change in officers Change resident agent Other BOARD OF DIRECTORS NAME OF COMMITTEE: Reno Nevada 89509
City State Mailing Address: Telephone Number: 800-418-1822 Facsimile Number: 800-418-1822 Email Address: Admin @ W.Conse Cvatives Website Address: WWW. NV CONSERVATIVES. COM PURPOSE: (Briefly state the purpose for which the political action committee was organized.) GIVING A VOICE TO NEVADA'S INDEPENDENTS AND CONSERVATIVES RESIDENT AGENT: (Pursuant to NRS 294A.260, each committee for political action must appoint and keep in this state a resident agent who must be a natural person who resides in the State of Nevada.) FRIC ODOM Name of Resident Agent: Mailing Address: Telephone Number: 775-830-7848 Facsimile Number: 800-4/8-1822 Email Address: Eric @nuconservatives co. Website Address: Www.nxconservatives.com ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT I, Eric Odom , hereby accept appointment as Resident Agent for the above named committee for political action. Signature of Resident Agent 06-04-05 Nata

ERIC ODOM	
Name ERIC ODOM	Address
Title BOARDMEMBER	City/State/Zip
Name DAVE CHOATE	Address 18308 LANCELEAF CT.
Title BOARD MEMBER	City/State/Zip RENO, NV 89506
Name LISA HEBBRING Title BOARD MEMBER	Address 18308 LANCELEAF CT.
Title BOARD MEMBER	City/State/Zip PEND, NU 89506
Name	Address
Tratte	City/State/Zip
Name	Address
Tratle	City/State/Zip
Tritle	
Title AFFILIATION: (If the committee for political action is a	City/State/Zip affiliated with any other organizations, list the name and address Address:
Title AFFILIATION: (If the committee for political action is a of each organization.) Name of Organization:	City/State/Zip affiliated with any other organizations, list the name and address
Title AFFILIATION: (If the committee for political action is a of each organization.)	City/State/Zip affiliated with any other organizations, list the name and address Address:
Title FFILIATION: (If the committee for political action is a of each organization.) Name of Organization: NEVADA TNDEPENDENT	City/State/Zip affiliated with any other organizations, list the name and address Address: 1555 Ridge view Dr #250
FFILIATION: (If the committee for political action is a of each organization.) Name of Organization: NEUADA TNDEPENDENT	City/State/Zip affiliated with any other organizations, list the name and address: Address: 1555 Ridge view Dr #250

Send Completed Form to:
SECRETARY OF STATE
101 NORTH CARSON STREET #3
CARSON CITY, NEVADA 89701-4786
PHONE: (775) 684-5705 FAX: (775) 684-5718

Prescribed by Secretary of State NRS 294A.230 EL400 (rev 12/01)